FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750355

(0)

FIRST ASSEMBLY OF GOD OF GAINESVILLE, FLORIDA, I

Principal Place of Business

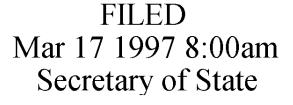
Mailing Address

2925 N W 39TH AVENUE GAINESVILLE FL 32605

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2925 N W 39TH AVENUE GAINESVILLE FL 32605-2150





3. Date Incorporated or Qualified

								12/20/19/9 04/05/				<i>r</i> o	
2. 21	Principal Pl	ace of Busi	ness	2a. Mailing Add	2a. Mailing Address				4. FEt Number 59-2112089	Applied For Not Applicable			
21	Suite, Apt. i	l ele			Suite, Apt. #, etc.								
22	Suite, Apt. 1	T, 0 10.		27	 				5. Certificate of Status Desired			Additional equired	
	City & State	1		City & State	City & State				6. Election Campaign Financing		\$5.00	May Be	
23				28	28				Trust Fund Contribution		Added t		
	Z ip		Country	Zip		Country	-		8. This corporation has liability for in	itangible t	ax under s	. 199.032,	
24		•	25	29	30				Florida Statutes	Yes _) No		
		9. Name	and Address of Curr	ent Registered Agent		1			10. Name and Address of New Reg	Istered A	gent		
2925 NW 39TH AVE							B2 Street Address (P.O. Box Number is Not Acceptable)						
							Sired Address (P.O. Box Mulliber is Not Acceptable)						
							83						
	SAMESVILLE PL 32003												
						B4	City			FL	85 Zip (Code	
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11	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered												
	agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNATURE													
Signature, typed or printed name of registered agent and little if applicable (NOTF Registered Agent signature required when reinstating) DATE													
12			OFFICERS A	ND DIRECTORS		13.		.	ADDITIONS/CHANGES TO OFFICE				
TITE		D		™ D		.1 TITLE	$D \mid$	5	sary mull	1	Change	Addition	
NA	ME	LAHMAN	-		1	.2 NAME		7	eary mull 925 SW 5 Avenu	الات			
STR	EET ADDRESS		V 67 PLACE		1	.3 STREET	ADDRESS	Ż	aines ville, FL 3	260	7		
CIT	Y-ST-ZIP	GAINES \	VILLE FL			4 CITY-S	T-ZIP	ت	eunas ville, i c. s.		•		
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NA	ME	PHILLIP,	DIXON		2	2 NAME		a	SIO SIN 19 AVED	sie.		ŀ	
STR	EET ADDRESS	12545 N	.W. 69TH AVENUE		2	.3 STREET	ADDRESS	-1	bio olo 14 rivo			ŀ	
cm	Y-ST-ZIP	GAINES \	VILLE FL		2	4 CITY-S	ST-ZIP	6	ainesville, FL t	> => 60	27	ĺ	
TITL		P		D	ELETE 3	.1 TITLE				1	Change	☐ Addition	
NA	ME	LASTING	SER. A L		3	2 NAME							
STR	REET ADDRESS		V 40TH PLACE		3	.3 STREET	ADDRESS					ŀ	
-	Y-ST-ZIP	QAINES\			1	4. CITY-S	1						
TITL		DT	<u> </u>	D		.1 TITLE	T-T	77	- FUARE		Change	Addition	
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		GAINES\					T 7th	G	eg Evans 502 NW 27 Stre 21nesville, FL 3:	360(ھ		
TITA	Y-\$T-ZIP	DS	TILLE I L	D		.4 CITY-S	1-215	 -			Change	Addition	
			LM		•		}				onange	- Addition	
NA		TAYLOR,				.2 NAME							
	REET ADDRESS		W 122 TERRACE			.3 STREET							
	Y-ST-ZIP	ALACHU	A PL			4 CITY-S	T-ZIP				-		
TITL		D.		□D		I.1 TITLE				l	Change	☐ Addition	
NA	AE .	KELL, SO			6	2 NAME							
STR	EET ADDRESS	RR 2 BO			6	.3 STREFT	ADDRESS						
CIT	Y+ST-ZIP	MELROS	E FL		6	4 CITY-S	T-ZIP						
14	do hereb	y certify tha	at the information suppl	ied with this filing does	not qualify for t	the exer	mption st	ated in	n Section 119.07(3)(i), Florida Statutes ny signature shall have the same legal as required by Chapter 617, Florida St	I further	certify that	the	
,	l am an of	i indicated ficer or dire	on this annual report of the corporation	of the receiver or truste	e bour is true ar	iu accu to exec	rrate and ute this re	เคลเ m eport a	iy signature shall have the same legal as required by Chapter 617, Florida St	enect as l atutes; an	n made uni d that my r	per dain; that name	
	appears in	Block 12 c	or Block 13 il Changed.	of on an attachment wi	th an address.			* -			•		
			/ ^/		-								